

CMS Manual System

Pub 100-06 Medicare Financial Management

Transmittal 88

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: JANUARY 6, 2006

Change Request 4198

SUBJECT: Clarification to IOM 100-06 , Sections 290.7 and 290.8

I. SUMMARY OF CHANGES: This instruction amends the language for checking the quarterly Physician Scarcity Area (PSA) CROWD report by changing the logic for the error descriptor for line 1. The logic of line descriptor 1 resulted in a "serious error". Therefore, we are amending the logic for the line.

NEW/REVISED MATERIAL

EFFECTIVE DATE: *January 01, 2006

IMPLEMENTATION DATE: February 6, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / SubSection / Title
R	6/290.7/Completing Physician Scarcity Area (PSA) Quarterly Report, Form CMS-1565F, CROWD Report 6
R	6/290.8/Checking Reports

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

290.7 - Completing Physician Scarcity Area (PSA) Quarterly Report, Form CMS-1565F, CROWD Report 6

(Rev. 88, Issued: 01-06-06; Effective Date: 01-01-06; Implementation Date: 02-06-06)

The Carriers prepare and submit to CMS each quarter a report on information regarding incentive payments made to physicians who render covered Medicare services in PSA (see Pub. 100-4, Chapter 12, Section 90.5 – 90.5.7) on the results of its review of sample claims for PSA incentive payments processed during the reporting quarter. Carriers shall only review claims that received bonuses based on the use of the “AR” modifier. Carriers shall submit this report via the Contractor Reporting of Operational Workload Data (CROWD Form 1565F, CROWD Form 6) system no later than the 75th day following the close of the reporting quarter. *The first report was initiated for the first quarter of 2005.*

290.8 - Checking Reports

(Rev. 88, Issued: 01-06-06; Effective Date: 01-01-06; Implementation Date: 02-06-06)

Before submitting Form *CMS - 1565 F, CROWD Report 6* to CMS, the carrier checks for completeness and arithmetical accuracy. It uses the following checklist:

- *Line 2 plus 3 may or may not equal line 1.*
**Note: Line 1 does not necessarily have to be the sum total of line 2 and line 3. Some physicians will be counted in both categories as receiving the bonus payment via automated payment and/or via reporting the “AR” modifier.*
- Line 5 plus line 6 must equal line 4.
- Line 8 must be less than or equal to line 7.
- Line 9 must be greater than or equal to line 7.
- Line 10 must be less than or equal to line 9.
- Line 13 plus line 14 plus line 15 must be less than or equal to line 12.
- Line 16 must be greater than or equal to line 12.
- Line 17 must be less than or equal to line 16.
- Sum of lines 19-30, column 1 must equal line 10.

- Sum of lines 19-30, column 2 must equal line 17.